PART B - FEE(S) TRANSMITTAL

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or <u>Fax</u>

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23859 7590 08/09/2004				have it	have its own certificate of mailing or transmission.						
NEEDLE & ROSENBERG, P.C. SUITE 1000 999 PEACHTREE STREET ATLANTA, GA 30309-3915				I herel States addres transm	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.						
ATLANTA, OA 30309-3913				Br	Brian C. Meadows, Reg. No. 50,84(Bepositor's name)						
						M	<i>y</i> S	5	(Signature)		
				Nos	zember 5	, 2004	~	\supset	(Date)		
APPLICATION NO. FILING DATE FIRST NAME			FIRST NAMED	INVENTOR		ATTORNEY	DOCKET NO.	CONFIRMATION NO.			
09/899,518	07/05/2001		Gennadiy G.	Kolomeyer		07050.	0009U1	990	9909		
TITLE OF INVENTION: C.	ATALYST SYSTEM AND I	PROCESS FOR R	EARRANGEI	MENT OF EPO	OXIDES TO AL	LYLIC ALCO	OHOLS				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE		TOTAL FEE(S) DUE		DATE DUE			
nonprovisional	NO	\$1330	\$1330		\$300		\$1630		11/09/2004		
EXAM	INER	ART UN	ART UNIT		JBCLASS]					
BROWN, JI	ENNINE M	1755		502-1	02000						
Change of correspondence CFR 1.363). □ Change of corresponde Address form PTO/SB/12 □ "Fee Address" indication PTO/SB/47; Rev 03-02 of Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.										
3. ASSIGNEE NAME AND	RESIDENCE DATA TO BI	E PRINTED ON T	HE PATENT	(print or type)		-					
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee of f this form is NOT	lata will appe	ear on the pate	nt. If an assign	ee is identifie	d below, the d	locument has b	een filed for		
(A) NAME OF ASSIGNI					STATE OR COL		, F		,		
				acksonville, Florida							
Please check the appropriate	assignee category or categor	ies (will not be pri	nted on the pa	atent); 🗖 i	ndividual Ö∐ic	orporation or o	other private gr	oup entity	government		
4a. The following fee(s) are	enclosed:	4b.	4b. Payment of Fee(s):								
✓ Issue Fee			_		ount of the fee(s) is enclosed.						
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Advance Order - # of 0	Copies 10		☐ The Director is hereby authorized by charge the required fec(s), or credit any overp Deposit Account Number 14-0629 (enclose an extra cop con this them)					rpayment, to			
5. Change in Entity Status	(from status indicated above)	ı						S E			
a. Applicant claims SM	IALL ENTITY status. See 37	CFR 1.27.	b. Applicat	nt is not claimi	ng SMALL ENT	ΓΙΤΎ status. Se	ee, e.g., 37 CFI	R 1.27(g)(2).			
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(Authorized Signature)	Muls	(Date)	. 5. 2	2004							
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